

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**10 / 530638**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13	1						63						
14		1					64						
15	1						65						
16		1					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
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42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	33	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	36						TOTAL CLAIMS						

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